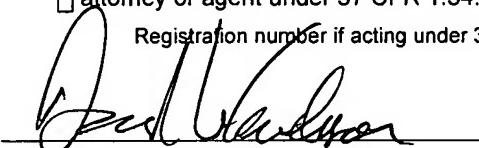




EXPRESS MAIL NO. EV887976093US

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number 856063.743																		
<b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)																				
Application Number 10/623,474		Filed July 18, 2003																		
For AUTOMATIC DECODING METHOD FOR MAPPING AND SELECTING A NON-VOLATILE MEMORY DEVICE HAVING A LPC SERIAL COMMUNICATION INTERFACE IN THE AVAILABLE ADDRESSING AREA ON MOTHERBOARDS																				
Art Unit 2186	Examiner Tuan V. Thai																			
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table><thead><tr><th></th><th><u>Fee</u></th><th><u>Small Entity Fee</u></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-1090</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>31,153</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____.</p> <p> Signature David V. Carlson Typed or printed name</p> <p>November 30, 2006 Date 206-622-4900 Telephone Number</p>				<u>Fee</u>	<u>Small Entity Fee</u>	<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
	<u>Fee</u>	<u>Small Entity Fee</u>																		
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<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080																		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.																				
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. 872147_1.DOC																				

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120.00 OP

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2006**

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$120)**

<i>Complete if Known</i>	
Application Number	10/623,474
Filing Date	July 18, 2003
First Named Inventor	Paolino Schillaci
Examiner Name	Tuan V. Thai
Art Unit	2186
Attorney Docket No.	856063.743

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Charge fee(s) indicated below                 | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee       |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments | <input checked="" type="checkbox"/> Charge any underpayments or credit any overpayments |
| of fee(s) under 37 CFR 1.16 and 1.17                                   |   |

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

	FILING FEES		SEARCH FEES		EXAMINATION FEES		<b>Small Entity</b>
	<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues) **Fee (\$)** **Fee (\$)** 50 25

Each independent claim over 3 (including Reissues) **Fee (\$)** **Fee (\$)** 200 100

Multiple dependent claims **Fee (\$)** **Fee (\$)** 360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
16 -20 or HP = 0 X _____ = _____				<u>Fee (\$)</u> <u>Fee Paid (\$)</u> _____

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
5 -3 or HP = 0 X _____ = _____			

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ -100 = _____ /50 = _____ (round up to a whole number)			x _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount) **Fee (\$)** \_\_\_\_\_

Other (e.g., late filing surcharge): Petition for Extension of Time (1 month) **Fee (\$)** **120** \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	35,153	Telephone	206-622-4900
Name (Print/Type)	David V. Carlson		Date	November 30, 2006	